REV. OCTOBER 6, 2010 MANUAL LETTER # 42-2010

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

MHCP TABLE OF CONTENTS 467 NAC 1-000

Title 467

Title V Services for Medically Handicapped Children,
Genetically Handicapped Persons' Program, and Supplemental Security
Income-Disabled Children's Program
Table of Contents

Chapter 1-000 Administr	ation
1-001 Introduction	
1-001.01 Purpose	
1-001.02 Legal Bas	sis
1-001.03 Funding	
1-001.04 Confident	
1-001.05 Non-Disc	rimination
1-002 Definitions	
1-003 Cooperative R	
	bilities of the Client, Parents, or Guardian
	bilities of Services Coordinator
	nd Fair Hearings
1-004.01 Grievance	e Request
1-004.02 Review	
1-004.03 Statemen	
	for Fair Administrative Hearing
1-005 (Reserved)	
1-006 Summary of F 1-007 Title Organiza	orms
1-007 Title Organiza	tion
Chapter 2-000 Referral,	Application, and Eligibility
2-001 Initial Referral	
2-001.01 Referral t	
2-001.02 Types of	Referrals
2-001.02A	Physician's Referral Referral by Interested Individual or Agency Emergency Referral
2-001.02B	Referral by Interested Individual or Agency
2-001.02C	Emergency Referral
2-001.03 Receipt of	
	Referrals Received by the MHCP Offices
2-001.04 Case Ass	
2-001.04A	Children with Multiple Service Needs
2-001.04B	Referral Acknowledgement
2-001.04C	Social Security Number (SSN)
2-002 Applications	_
2-002.01 Application	
2-002.01A	Time Guide for Application
2-002.01B	Withdrawal

REV. OCTOBER 6, 2010 NEBRASKA DEPARTMENT OF MHCP MANUAL LETTER # 42-2010 HEALTH AND HUMAN SERVICES TABLE OF CONTENTS 467 NAC 2-003

```
2-003
         Medical Eligibility
    2-003.01 Codes
         2-003.01A
                        ICD Codes
         2-003.01B
                        Medical Eligibility Status Codes
                        Service Codes
         2-003.01C
    2-003.02 Medical Eligibility Chart
         2-003.02A
                        Medical Eligibility Response Codes
                        Continued Referrals
         2-003.02B
    2-003.03 Medical Eligibility Redetermination
2-004
         Financial Eligibility
    2-004.01 Eligibility for Other Programs
         2-004.01A
                        Eligibility Verification
         2-004.01B
                        MA With Excess
         2-004.01C
                        Application for Other Programs
    2-004.02 Family
    2-004.03 Financial Eligibility Determination
                        Sources of Income
         2-004.03A
         2-004.03B
                        Income Exclusions
         2-004.03C
                        Determination of One Month's Income
         2-004.03D
                        Self-Employment Income
    2-004.04 Deductions
         2-004.04A
                        Medical Expenses
    2-004.05 Financial Guidelines
    2-004.06 Financial Margin
         2-004.06A
                        Financial Margin Deductions
    2-004.07 Redetermination of Eligibility
         2-004.07A
                        Eligibility Redetermination When Other HHSS Program Eligibility is Verified
2-005
         Case Action
    2-005.01 Certification
                        Certification Date
         2-005.01A
    2-005.02 Denials
    2-005.03 Closings
2-006
         Transfer of Cases
    2-006.01 From One MHCP Services Coordinator to Another
    2-006.02 To Another State
    2-006.03 From Another State to Nebraska
2-007
         Record Retention
Chapter 3-000 Reserved
Chapter 4-000 Title V Services for Medically Handicapped Children
4-001
         Introduction
```

4-001 Introduction
4-001.01 Individual Medical Treatment Plan (IMTP)
4-001.01A Treatment
4-001.01B Location of Services

4-001.02 Services Provided Outside Nebraska

4-001.02A When the Service is not Available in the State

MHCP TABLE OF CONTENTS 467 NAC 4-001.03

4-001.03 Transportation 4-001.04 Other Covered Services 4-001.05 Non-Covered Services 4-001.05A Custodial Care 4-001.06 Chapter Organization
4-002 Asthma Service
4-002.01 Medical Eligibility
4-002.02 Clinics/Diagnostic Evaluations
4-002.03 Certification Date
4-002.04 Service Components
4-002.05 Specific Providers 4-002.06 Procedures
4-002.06A Non-Medical Referrals
4-002.06A Non-Medical Reletials 4-002.06B Referrals from General Physicians or Pediatricians
4-002.06C Referrals from Pediatric Allergists or Pediatric Pulmonologists
4-002.06D Medical Eligibility Notification
4-002.06E Financial Ineligibility
4-002.06F Certification
4-002.06G Ongoing Services Coordination
4-003 Burn Service
4-003.01 Medical Eligibility
4-003.02 Clinics/Diagnostic Evaluations
4-003.03 Certification Date
4-003.04 Service Components
4-003.05 Specific Providers
4-003.06 Procedures
4-003.06A Non-Medical Referrals
4-003.06B Medical Referrals
4-003.06C Medical Eligibility Notification
4-003.06D Financial Ineligibility
4-003.06E Certification
4-003.06F Ongoing Services Coordination
4-004 Cerebral Palsy (CP) Service
4-004.01 Medical Eligibility
4-004.02 Clinics/Diagnostic Evaluations
4-004.03 Certification Date
4-004.04 Service Components
4-004.04A Other Covered Services
4-004.05 Specific Providers

	4-004.06 Procedure	es
	4-004.06A	Referrals
	4-004.06B	Medical Eligibility Notification
	4-004.06C	Financial Ineligibility
	4-004.06D	Certification
	4-004.06E	Ongoing Services Coordination
		Palsy Clinic Procedures
	4-004.07A	Clinic Purpose
	4-004.07B	Scheduling
	4-004.07C	Clinic Preparation
	4-004.07D	Team Responsibilities
	4-004.07E	Services Coordinator Responsibilities
	4-004.07F	Clinic Follow-Up
4-00	5 through 4-009 (Re	
4-01		
	4-010.01 Medical E	
		agnostic Evaluations
	4-010.03 Certificati	
	4-010.04 Service C	•
	4-010.05 Specific F	
	4-010.06 Procedure	
	4-010.06A	Referrals
	4-010.06B	Referrals for Services Not Covered
	4-010.06C	Eligibility Notification
	4-010.06D	Financial Ineligibility
	4-010.06E	Certification
	4-010.06F	Ongoing Services Coordination
		ial Clinic Procedures
	4-010.07A	Clinic Purpose
	4-010.07B	Scheduling Priorities
	4-010.07D	Clinic Preparation
		Team Responsibilities
	4-010.07D	
	4-010.07E	Services Coordinator Responsibilities
	4-010.07F	Clinic Follow-Up
	4-010.07G	Scheduling Surgeries
4-01		
	4-011.01 Medical E	Eligibility
	4-011.02 Clinics Di	agnostic Evaluations
	4-011.03 Certificati	on Date
	4-011.04 Service C	Components
	4-011.04A	Non-Covered Services
	4-011.05 Specific F	
	4-011.06 Procedure	
	4-011.06A	Referrals
	4-011.06B	Medical Eligibility Notification
		• •
	4-011.06C	Financial Ineligibility
	4-011.06D	Certification
	4-011.06E	Ongoing Services Coordination
	_	prosis Clinic Procedures
	4-011.07A	Clinic Purpose
	4-011.07B	Scheduling

REV. MARCH	15, 2003
MANUAL LETT	ΓER # 14-2003

NEBRASKA HEALTH AND HUMAN SERVICES MANUAL

MHCP TABLE OF CONTENTS 467 NAC 4-011.07C

4-01	1.07C 1.07D 1.07E	Team Responsibilities Services Coordinator Duties Clinic Follow-Up
4-012 Diab	etes Servi	ce
	Medical E	
		agnostic Evaluations
	Certificati	
		components
	Specific F	
	Procedure	
		Non-Medical Referrals
	2.06B	Medical Eligibility Notification
4-01	2.06C	Referrals From A Diabetes Team
		Financial Ineligibility
4-01	2.06E	Certification
4-01	2.06F	Ongoing Services Coordination
4-013 Eye	Service	
	Medical E	
		agnostic Evaluations
	Certificati	
		omponents
	Specific F	
	Procedure	
4-01	3.06A	Non-Medical Referrals Referrals From General Physicians or Pediatricians Referrals From Contracted Specialists
4-01	3.06B	Referrals From General Physicians or Pediatricians
4-01	3.06C	
4-01	3.06D	Medical Eligibility Notification
	3.06E	Financial Ineligibility
_	3.06F	Certification
	3.06G	Ongoing Services Coordination
	ring Servic	
4-014.01	Medical E	IIIIIIIIIIIIII
	Certificati	c Evaluations
	Specific F	omponents Providers
	Procedure	
		Referrals From Audiologists or Para-Professionals
4-01	¬.∪∪/\	Training i Tom Addictograta of I dia i Tolessionals

NEBRASKA HEALTH AND HUMAN SERVICES MANUAL

MHCP TABLE OF CONTENTS 467 NAC 4-014.06B

4-014.06B	Referrals from General Physicians or Pediatricians
4-014.06C	Referrals From Otolaryngologists
4-014.06D	Medical Eligibility Notification
4-014.06E	Financial Ineligibility
4-014.06F	Certification
4-014.06G	Ongoing Casework
4-015 Heart Service	
4-015.01 Medical E	
4-015.02 Clinics/D	iagnostic Evaluations
4-015.03 Certificat	ion Date
4-015.04 Service (
4-015.05 Specific I	
4-015.06 Procedur	
4-015.06A	Non-Medical Referrals
4-015.06B	Referrals from General Physicians or Pediatricians
4-015.06C	Referrals from Pediatric Cardiologists
4-015.06D	Medical Eligibility Notification
4-015.06E	Financial Ineligibility
4-015.06F	Certification
4-015.06G	Ongoing Services Coordination
4-015.07 Heart Cli	
4-015.07A	Purpose of Heart Clinics
4-015.07B	Scheduling for Ongoing Clinics in Omaha and Lincoln
4-015.07C	Service Coordinator Responsibilities
4-015.07D	Clinic Follow-Up
4-016 Hemophilia Se	
4-016.01 Medical E	
	iagnostic Evaluations
4-016.03 Certificat	
4-016.04 Service (
4-016.05 Specific I	
4-016.06 Procedur	
	Non-Medical Referrals
4-016.06B	Referrals from General Physicians or Pediatricians

NEBRASKA HEALTH AND MANUAL LETTER # 14-2003 HUMAN SERVICES MANUAL

MHCP TABLE OF CONTENTS 467 NAC 4-016.06C

	17.01 Medical	Ongoing Services Coordination Il General Service
	17.03 Certifica	
	17.04 Service	
	17.05 Specific	•
4-01	17.06 Procedu	res
	4-017.06A	Non-Medical Referrals
	4-017.06B	Medical Eligibility Notification Financial Ineligibility Certification
	4-017.06C	Financial Ineligibility
		Certification
4.040	4-017.06E	Ongoing Services Coordination
4-018		ological Defects Service
	18.01 Medical	Eligibility Diagnostic Evaluations
	18.03 Certifica	
	18.04 Service	
7 0	4-018.04A	Other Covered Services
4-01	18.05 Specific	
	18.06 Procedu	
	4-018.06A	
	4-018.06B	Referrals on Other Children
	4-018.06C	Medical Eligibility Notification
	4-018.06D	Financial Ineligibility
	4-018.06E	Certification
	4-018.06F	Coordination of Care
	4-018.06G	Ongoing Services Coordination
4-01	18.07 Clinic Pr	
	4-018.07A	Clinic Purpose
	4-018.07B	Scheduling Tage Baggerikilities
	4-018.07C	Team Responsibilities
	4-018.07D	Service Coordinator Responsibilities
	4-018.07E	Clinic Follow-Up

```
4-019
         Neoplasm Service
     4-019.01 Medical Eligibility
     4-019.02 Clinics/Diagnostic Evaluations
     4-019.03 Certification Date
     4-019.04 Service Components
     4-019.05 Specific Providers
     4-019.06 Procedures
         4-019.06A
                        Non-Medical Referrals
                        Referrals from Specialists
         4-020.06B
                        Medical Eligibility Notification
         4-020.06C
         4-020.06D
                        Financial Ineligibility
         4-020.06E
                        Certification
                        Ongoing Services Coordination
         4-020.06F
4-020
         Major Medical-Neurological Service
     4-020.01 Medical Eligibility
     4-020.02 Clinics/Diagnostic Evaluations
     4-020.03 Certification Date
    4-020.04 Service Components
     4-020.05 Specific Providers
     4-020.06 Procedures
         4-020.06A
                        Non-Medical Referrals
                        Referrals from Physicians
         4-020.06B
                        Medical Eligibility Notification
         4-020.06C
                        Financial Ineligibility
         4-020.06D
         4-020.06E
                        Certification
                        Ongoing Services Coordination
         4-020.06F
4-021
         Orthopedic - General Service
    4-021.01 Medical Eligibility
     4-021.02 Clinics/Diagnostic Evaluation
     4-021.03 Certification Date
     4-021.04 Service Components
                        Other Covered Services
         4-021.04A
     4-021.05 Specific Providers
     4-021.06 Procedures
         4-021.06A
                        Non-Medical Referrals and Referrals from General Physicians
                        or Pediatricians
                        Referrals from Orthopedists
         4-021.06B
         4-021.06C
                        Medical Eligibility Notification
                        Financial Ineligibility
         4-021.06D
                        Certification
         4-021.06E
         4-021.06F
                        Ongoing Services Coordination
4-022
         (Reserved)
         Premature Birth Service
4-023
     4-023.01 Medical Eligibility
     4-023.02 Clinics/Diagnostic Evaluations
     4-023.03 Certification Date
     4-023.04 Service Components
                        Criteria for MHCP Amino Acid Based Formulas
         4-023.04A
     4-023.05 Specific Providers
     4-023.06 Procedures
```

MHCP TABLE OF CONTENTS 467 NAC 4-023.06A

4-023.06 4-023.06 4-023.06 4-023.06 4-023.06 4-024 Rheumat 4-024.01 Med	B Medical Eli C Financial II D Certificatio E Ongoing S toid Arthritis Serv	gibility Notification neligibility n ervices Coordination
	ics/Diagnostic Ev	aluations
4-024.03 Cert		aidailoilo
	vice Components	
	cific Providers	
4-024.06 Prod		
	A Referrals	
		gibility Notification
4-024.06	C Financial I	neligibility
	D Certificatio	
		ervices Coordination
	umatoid Ärthritis	
4-024.07	A Non-Medic	al Referrals
4-024.07	B Referrals f	om General Physicians or Pediatricians
4-024.07	C Referrals f	om MHCP Contracted Specialists
4-025 Scoliosis	Service	
4-025.01 Med		
4-025.02 Clin	ics/Diagnostic Ev	aluations
4-025.03 Cert	tification Date	
	vice Components	
4-025.05 Spe	cific Providers	
4-025.06 Prod		
4-025.06 4-025.06	A Non-Medic	al Referrals
4-025.06	B Referrals f	om General Physicians or Pediatricians
4-025.06	C Referrals f	om MHCP-Contracted Orthopedists
4-025.06	D Medical Eli	gibility Notification
4-025.06		
4-025.06		
4-025.06	0 0	ervices Coordination
4-026 Urology S		
4-026.01 Med	dical Eligibility	
	ics/Diagnostic Ev	aluations
4-026.03 Cert		
	vice Components	
-	cific Providers	
4-026.06 Prod		10 (
4-026.06		al Referrals
4-026.06		rom Physicians
4-026.06		gibility Notification
4-026.06		5 ,
4-026.06 4-026.06		
4-020.00		ervices Coordination

5-008.06 Procedures

NEBRASKA HEALTH AND HUMAN SERVICES MANUAL

MHCP TABLE OF CONTENTS 467 NAC 5-000

Chapter 5-000 The Genetically Handicapped Persons' Program 5-001 Introduction 5-001.01 Provision of Services 5-001.02 Confidentiality 5-001.03 Non-Discrimination 5-001.04 Grievances and Fair Hearings 5-002 Referral, Application, and Eligibility 5-003 Cooperative Responsibilities 5-004 Limitations 5-004.01 State Institutions 5-004.02 Long Term Care 5-004.03 Coordination with Other Programs 5-005 Payment 5-006 Cystic Fibrosis Service 5-006.01 Specific Providers 5-007 Hemophilia Service 5-008 Sickle Cell Disease Service 5-008.01 Medical Eligibility 5-008.02 Clinics/Diagnostic Evaluations 5-008.03 Certification Date 5-008.04 Service Components 5-008.05 Specific Providers

6-007.03 Eligibility Period

MHCP TABLE OF CONTENTS 467 NAC 6-000

Chapter 6-000 The Supplemental Security Income -- Disabled Children's Program (SSI-DCP) 6-001 Introduction 6-001.01 Scope of Program 6-001.02 Grievances and Fair Hearings 6-001.03 Responsibilities of the Department Central Office Responsibilities 6-001.03A 6-001.03B Services Coordinator Responsibilities 6-001.04 Responsibilities of the Child's Parent or Guardian 6-001.05 Summary of Forms Referrals 6-002 6-002.01 Verification of SSI Status Eligibility 6-003 6-003.01 Needs Assessment 6-004 Application 6-004.01 Initial Contact 6-004.01A No Response Parent/Guardian Interested 6-004.01B Parent/Guardian Not Interested 6-004.01C 6-004.02 Application Completion Face-To-Face Visit 6-004.02A Early Intervention Involvement 6-004.02B 6-004.02C "Mileage Only" Application Exception 6-004.03 Individual Service Plans (ISP) Plan Distribution 6-004.03A 6-004.03B Changing the Individual Service Plan Coordination with Other Programs 6-005 6-006 Needs Assessment Criteria 6-006.01 Empowerment Outcome 6-006.01A Measurements 6-006.02 Care Assistance Outcomes 6-006.02A Measurements 6-006.03 Stress Reduction Outcomes 6-006.03A Measurements 6-006.04 Medical Outcomes 6-006.04A Measurements 6-007 Service Authorization 6-007.01 Decision-Making Team 6-007.02 Priority Criteria

6-008 Outcome-Based Services 6-008.01 Respite Care 6-008.01A Respite Care for the DCP-Eligible Child 6-008.01B Respite Care for Siblings 6-008.02 Training 6-008.03 Special Equipment Excluded Items 6-008.03A 6-008.04 Home Accessibility **Excluded Modifications** 6-008.04A 6-008.05 Personal Care 6-008.06 Attendant Care 6-008.07 Medical Mileage Reimbursement 6-008.08 Commercial Transportation 6-008.09 Meals and Lodging 6-008.10 Utilities 6-008.10A **Telephone Expenses Electricity Costs** 6-008.10B 6-009 Redetermination 6-009.01 Annual Review 6-009.02 Change in Circumstances Denial, Reduction, or Termination of Services 6-010 6-010.01 Denial or Reduction 6-010.02 Termination 6-010.02A Reasons for Termination 6-010.03 Providing Referral 6-011 Payment for Services 6-011.01 Provider Standards 6-011.02 Abuse/Neglect Registry Checks 6-011.03 Billing Chapter 7-000 MHCP Providers 7-001 Introduction 7-002 General Requirements for Participation Contracting Process 7-003 7-003.01 Requests 7-003.02 Response 7-003.03 Evaluation 7-003.04 Provider Eligibility 7-003.05 Individual Provider Contracts **Professional Corporations** 7-003.05A Institutions Employing Physicians 7-003.05B 7-003.05C Psychological Treatment Services **Audiology Treatment Services** 7-003.05D Hearing Aid Providers 7-003.05E 7-003.05F Clinic Consultant Contracts Physical and Occupational Therapy 7-003.05G Clinic Nurse Coordinator 7-003.05H

Nutritional Providers

7-003.05J

7-004	Specific	Requirements	for	Participation

7-004.01 Providers of Medical Treatment Services

7-004.02 Providers of Surgical Treatment Services

7-004.03 Providers of Psychological Treatment Services

7-004.04 Providers of Audiology Treatment Services

7-004.05 Hearing Aid Providers

7-004.06 Providers of Dental Services

7-004.07 Hospitals

7-005 Contracts for Clinic Consultants

7-006 Approved Providers

7-007 Authorizing Payment

7-007.01 Contracted Providers

7-007.02 Temporary Providers

7-008 Billing Requirements

7-008.01 Medical Reports

7-008.02 Third Party Liability

7-009 Payment Rates

7-009.01 Inpatient Hospital Care

7-009.02 Rehabilitation Care

7-009.03 Transitional Care

7-009.04 Physicians Services

7-009.05 Durable Medical Equipment and Medical Supplies

7-009.06 Dental Services

7-009.07 Nutrition Services

7-009.08 Physical and Occupational Therapy

7-009.09 Hearing Therapy

7-009.10 Drugs

7-009.11 Outpatient Hospital Services

7-009.12 Emergency Room Services

7-009.13 MHCP-Sponsored Clinic Facility Fees

7-009.14 Employers of Institutions